

FORM B1		United States Bankruptcy Court Western District of New York		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Drake, James F.			Name of Joint Debtor (Spouse) (Last, First, Middle): Drake, Kristin A.																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-8285			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9643																	
Street Address of Debtor (No. & Street, City, State & Zip Code): 112 Market Street Attica, NY 14011			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 112 Market Street Attica, NY 14011																	
County of Residence or of the Principal Place of Business: Wyoming			County of Residence or of the Principal Place of Business: Wyoming																	
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
Information Regarding the Debtor (Check the Applicable Boxes)																				
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																	
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																				
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY															
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-15</td> <td>16-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1-15	16-49	50-99	100-199	200-999		1000-over														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>														
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Debts <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Drake, James F.**Drake, Kristin A.****Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ James F. DrakeSignature of Debtor **James F. Drake****X** /s/ Kristin A. DrakeSignature of Joint Debtor **Kristin A. Drake**

Telephone Number (If not represented by attorney)

April 22, 2004

Date

Signature of Attorney**X** /s/ Kenneth R. Hiller

Signature of Attorney for Debtor(s)

Kenneth R. Hiller

Printed Name of Attorney for Debtor(s)

Law Offices of Kenneth Hiller

Firm Name

**2001 Niagara Falls Boulevard
Amherst, NY 14228**

Address

716-564-3288 Fax: 716-564-3291

Telephone Number

April 22, 2004

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ Kenneth R. Hiller**April 22, 2004**

Signature of Attorney for Debtor(s)

Date

Kenneth R. Hiller**Exhibit C**

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer_____
Social Security Number (Required by 11 U.S.C. § 110(c).)_____
Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer_____
Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court
Western District of New York

In re **James F. Drake,
Kristin A. Drake**

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	60,000.00		
B - Personal Property	Yes	3	31,957.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		89,600.00	
E - Creditors Holding Unsecured Priority Claims	Yes	2		2,900.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	28		110,463.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			4,903.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			4,993.00
Total Number of Sheets of ALL Schedules		40			
Total Assets			91,957.00		
Total Liabilities				202,963.00	

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1112 Market Street Attica, New York 14011	fee simple	J	60,000.00	64,400.00

Sub-Total > **60,000.00** (Total of this page)

Total > **60,000.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		WCTA FCU Checking account	J	50.00
		WCTA FCU Savings account	J	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	400.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Life Insurance policy (no cash value)	H	1.00
		Life Insurance policy (no cash value)	W	1.00

Sub-Total > **2,957.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		401-K Plan	H	2,000.00
		403-B Plan	W	100.00
12. Stock and interests in incorporated and unincorporated businesses. Itemize.		495 Shares of Rite-Aid Corporation as part of employee buy in program- held by Computershare Trust Co.	H	2,900.00
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **5,000.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Chevy Tracker	J	24,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed.	X			

Sub-Total > **24,000.00**
(Total of this page)
Total > **31,957.00**

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<u>Household Goods and Furnishings</u>			
Household goods	NYCPLR § 5205(a)(5)	2,500.00	2,500.00
<u>Wearing Apparel</u>			
Clothing	NYCPLR § 5205(a)(5)	400.00	400.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
401-K Plan	Debtor & Creditor Law § 282(2)(e)	2,000.00	2,000.00
403-B Plan	Debtor & Creditor Law § 282(2)(e)	100.00	100.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 0001009012			1996					
ABN AMBRO Mortgage Group, Inc. 135 South LaSalle Dept. 8600 Chicago, IL 60674-8600		J	first mortgage 1112 Market Street Attica, New York 14011					
			Value \$ 60,000.00				64,400.00	4,400.00
Account No. 004902463747			4/03					
GMAC Payment Processing Center P.O. Box 51014 Carol Stream, IL 60125-1014		X J	security agreement 2003 Chevy Tracker					
			Value \$ 24,000.00				24,000.00	0.00
Account No.			2002					
Rent Way 959 Broadway Buffalo, NY 14212		J	purchase money Household goods					
			Value \$ 2,500.00				1,200.00	0.00
Account No.								
			Value \$					

0 continuation sheets attachedSubtotal
(Total of this page)**89,600.00**

Total

89,600.00

(Report on Summary of Schedules)

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					
Account No.			2001 taxes				2,900.00	2,900.00
Internal Revenue Service Department of the Treasury Andover, MA 05501		J						
Account No.								
Account No.								
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

2,900.00

Total

2,900.00

(Report on Summary of Schedules)

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7th Avenue P.O. Box 2804 Monroe, WI 53566-8004	J	2000 goods				500.00
Account No. ACS P.O. Box 78268 Phoenix, AZ 85062-8208	J	1997 student loan				6,136.00
Account No. 5424-7702-2891-0852 Action Card P.O. Box 5052 Sioux Falls, SD 57117-5052	J	2000 credit card				200.00
Account No. DUPLICATE for: Action Card		Wolff & Abramson, LLP Two Irving Center 702 King Farm Blvd. Rockville, MD 20850-5775				
Subtotal (Total of this page)						6,836.00

27 continuation sheets attached

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 120-40-9643 AFSA Data Corp. P.O. Box 7051 Utica, NY 13504-7051	J	1999 student loan				5,300.00
Account No. Arizona Mail Order Co. Inc. P.O. Box 221 Waite Park, MN 56387-0221	J	2001 credit				418.00
Account No. 2832527 Aspen Publishers 7201 McKinney Circle Frederick, MD 21704	J	1999 services				55.00
Account No. 585591-4206 AT&T P.O. Box 944073 Maitland, FL 32794-4073	J	2002 credit				306.00
Account No. Bally's Total Fitness 12440 Imperial Hwy, Ste 300 Norwalk, CA 90650-8309	J	2002 fitness membership				69.00
Sheet no. <u>1</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,148.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 11021 Batavia Neurological Services 203 Summit Street Batavia, NY 14020	J	2000 medical				75.00
Account No. 01-401-2413-05119 Better Homes and Gardens P.O. Box 10670 Des Moines, IA 50336-0670	J	2003 books				32.00
Account No. BMG Music c/o Allied Interstate P.O. Box 480 New Hyde Park, NY 11040	J	2001 goods				71.00
Account No. 4388-6420-7221-1900 Capital One Bank P.O. Box 85147 Richmond, VA 23276	J	2001 credit card				345.00
Account No. DUPLICATE for: Capital One Bank		Allied Interstate 3070 Lawson Boulevard Oceanside, NY 11572-9017				
Sheet no. 2 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 523.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Capital One Bank		NAFS 3587 Parkway Lane Norcross, GA 30892-2827				
Account No. CitiCards P.O. Box 8109 South Hackensack, NJ 07606-8109	J	2000 credit				1.00
Account No. 005429543 CitiCorp Credit Services, Inc. c/o LTD Financial Services, L.P. 7322 Southwest Freeway, Suite 1600 Houston, TX 77074	J	2000 credit card				2,395.00
Account No. 50124861001 Columbia House c/o Customer Services Center 1400 North Fruitridge Ave. P.O. Box 1114 Terre Haute, IN 47811-1114	J	2000-2002 videos				100.00
Account No. 5181-8900-0309-3808 Compucredit, Inc. c/o VanRu Credit Corp 8550 Ulmerton Road, Suite 225 Largo, FL 33771-5351	J	1998 credit card				2,298.00
Sheet no. 3 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,794.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 645245903 Crafter' Choice c/o Customer Service Department P.O. Box 6400 Camp Hill, PA 17012-6400	J	2003 credit				39.00
Account No. 695-285-903 Crafter's Choice c/o North Shore Agency 751 Summit Avenue Westbury, NY 11590	J	2003 credit				39.00
Account No. 645245903 Crafter's Choice C/O Allied Interstate P.O. Box 361445 Columbus, OH 43236	J	2000 credit				65.00
Account No. 5189-1310-0342-0317 Credit Card Service P.O. Box 5877 Hicksville, NY 11802-5877	J	1999 credit card				1,705.00
Account No. 430359235 Credit Card Services P.O. Box 23356 Pittsburgh, PA 15222-9825	J	1998 credit card				929.00
Sheet no. 4 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,777.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2000 student loan				
Direct Loan William D. Ford Federal Direct Loan U.S. Department of Education P.O. Box 530280 Atlanta, GA 30353-0260	J					5,830.00
Account No. 5449-1008-4692-7909		1999 credit				
Direct Merchant's Bank Payment Center P.O. Box 17036 Baltimore, MD 21297-0448	J					1,175.00
Account No.		National Credit Adjusters 327 W 4th Street P.O. Box 3023 Hutchinson, KS 67504-0550				
DUPLICATE for: Direct Merchant's Bank						
Account No. 3-5273980		2003 medical				
Dr. Mark W. Nickels c/o Strong Health P.O. Box 278998 Rochester, NY 14627-8998	J					326.00
Account No. 5181-8900-0309-3808		1998 credit card				
Emerge Mastercard P.O. Box 105667 Atlanta, GA 30348-5667	J					1,998.00
Sheet no. 5 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						9,329.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Emerge Mastercard		Emerge Mastercard P.O. Box 23034 Columbus, GA 31902-3034				
Account No. FDR Medical Services, P.C. P.O. Box 808 Grand Rapids, MI 49518-0808	J	2003 medical				168.00
Account No. 1738561881 Figis, Inc. P.O. Box 8090 Marshfield, WI 54449-8090	J	1999				147.00
Account No. DUPLICATE for: Figis, Inc.		Law Office of Mitchell N. Kay 7 Penn Plaza New York, NY 10001-3995				
Account No. DUPLICATE for: Figis, Inc.		Law Office of Mitchell N. Kay P.O. Box 9006 Smithtown, NY 11787-9006				
Sheet no. <u>6</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 315.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4071-9302-0922-7903	J	1997 credit card				755.00
First National Bank of Marin P.O. Box 80015 Los Angeles, CA 90080-0015						
Account No.		Arrow Financial Services, LLC 5996 West Touley Avenue Niles, IL 60714-4610				
DUPLICATE for: First National Bank of Marin						
Account No.		FNBM 585 Piolt Road Las Vegas, NV 89119				
DUPLICATE for: First National Bank of Marin						
Account No.		National Asset Recovery Service, Inc. P.O. Box 701 Chesterfield, MO 63006-0701				
DUPLICATE for: First National Bank of Marin						
Account No.		NCO Financial Systems, Inc. P.O. Box 41567 Philadelphia, PA 19101				
DUPLICATE for: First National Bank of Marin						
Sheet no. <u>7</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			755.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 5433-6245-0091-4513	J		1999 credit				1,097.00	
First Premier Bank P.O. Box 5147 Sioux Falls, SD 57117-5147								
Account No.			Accounts Receivable Management P.O. Box 129 Thorofare, NJ 08086-0129					
DUPLICATE for: First Premier Bank								
Account No.			MRS Associates, Inc. 6530 W. Campus Oval New Albany, OH 43504					
DUPLICATE for: First Premier Bank								
Account No. 4610-0787-0397-0111	J		1999 credit card				963.00	
First Premier Bank P.O. Box 5147 Sioux Falls, SD 57117-5147								
Account No.			MRS Associates, Inc. 6530 West Campus Oval Berkey, OH 43504					
DUPLICATE for: First Premier Bank								
Sheet no. <u>8</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			2,060.00	

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6011-7670-8414-5356 Gateway Credit Card Plan P.O. Box 9025 Des Moines, IA 50368-9025	J	1996 goods				2,226.00
Account No. DUPLICATE for: Gateway Credit Card Plan		LTD Financial Services 7322 Southwest Freeway, Suite 1600 Houston, TX 77074				
Account No. DUPLICATE for: Gateway Credit Card Plan		OSI Collection Services, Inc. P.O. Box 550720 Jacksonville, FL 32255-0720				
Account No. 6008-8909-8962-9423 GE Consumer Finance JcPenny's Card P.O. Box 32000 Orlando, FL 32890-3200	J	2000 credit card				702.00
Account No. DUPLICATE for: GE Consumer Finance		Client Services, Inc. 3451 Harry S. Truman Blvd. Saint Charles, MO 63301				
Sheet no. 9 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,928.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: GE Consumer Finance		NCO Financial Systems, Inc. P.O. Box 41417 Dept 99 Philadelphia, PA 19101				
Account No. Genesee Radiology P.O. Box 8000, Dept. 799 Buffalo, NY 14267	J	1997 medical				200.00
Account No. 780451842630 Ginny's P.O. Box 2825 Monroe, WI 53566-8025	J	2001 credit				711.00
Account No. 221694268 Gxmoor House P.O. Box 62502 Tampa, FL 33662-5028	J	1999 credit				75.00
Account No. Highland Hospital 1000 South Avenue Rochester, NY 14620	J	6/2/03 medical				60.00
Sheet no. <u>10</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,046.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 5489-5551-0605-8961	J	1999 credit card				478.00
Household Bank Dept. 7680 Carol Stream, IL 60116-7688						
Account No.		Accounts Recievable Management P.O. Box 129 Thorofare, NJ 08086-0129				
DUPLICATE for: Household Bank						
Account No.		United Recovery Systems, Inc. 3100 S. Gessmer, Suite 400 Houston, TX 77063				
DUPLICATE for: Household Bank						
Account No.	J	1999 credit card				956.00
Household Bank Dept. 7680 Carol Stream, IL 60116-7680						
Account No.		United Recovery Systems, Inc. 3100 Gessmer, Suite 400 Houston, TX 77060				
DUPLICATE for: Household Bank						
Sheet no. <u>11</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,434.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Household Bank		VanRu Credit Corp. Payment Processing Center P.O. Box 618 Chicago, IL 60688-0618				
Account No. Ide Imaging P.O. Box 1279 Buffalo, NY 14240	J	1999 medical				29.00
Account No. Internal Revenue Service Department of the Treasury Andover, MA 05501	J	2001 federal taxes				3,000.00
Account No. JcPenny P.O. Box 981131 El Paso, TX 79998	J	2002 GOODS				702.00
Account No. DUPLICATE for: JcPenny		Northland Group, Inc. P.O. Box 390846 Minneapolis, MN 55439				
Sheet no. <u>12</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,731.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7101-5610-0003-0613 KMart Retail Services P.O. Box 17298 Baltimore, MD 21297-1298	J	1996 credit card				905.00
Account No. DUPLICATE for: KMart		Pioneer Credit Recovery, Inc. 26 Edward Street, Box 279 Arcade, NY 14009-0279				
Account No. DUPLICATE for: KMart		Sherman Acquisitions, LP 2221 Niagara Falls Boulevard, Suite 29 Niagara Falls, NY 14304				
Account No. Metris c/o Upton Cohen & Slamowitz 199 Crossways Park Drive Woodbury, NY 11797-2016	J	2002 credit				200.00
Account No. 780481842550 Midnight Velvet P.O. Box 2821 Monroe, WI 53566-8021	J	2001 goods				500.00
Sheet no. 13 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,605.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2002 medical				
Monroe Ambulance c/o CRCS PreEmption Road Bldg 100 Geneva, NY 14456-2061	J					81.00
Account No. 14oudak112mr00b		2002 goods				
National Credit Audit Corp. 8600 N. Industrial Road Peoria, IL 61615	J					30.00
Account No. 455580501		2002-2003 fuel				
National Fuel 10 Lafayette Square Buffalo, NY 14203	J					1,275.00
Account No. 14902-25101		2002-2003 electric				
Niagara Mohawk 300 Erie Boulevard West Syracuse, NY 13252	J					1,000.00
Account No. RE V0003090278		2002 credit card				
Nicholas H. Noyes Memorial Hospital 111 Clara Burton Street Dansville, NY 14437	J					371.00
Sheet no. 14 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,757.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Nicholas H. Noyes Memorial Hospital		CBCS 70 821 PreEmption Rd. Bldg 100 Geneva, NY 14456-2863				
Account No. 455580501 North American Energy, Inc. 20 West Third Street, Suite 10 P.O. Box 400 Jamestown, NY 14702	J	1998 fuel				284.00
Account No. NY Higher Education Services Corp. 99 Washington Avenue Albany, NY 12255	J	2000 student loan				6,243.00
Account No. DUPLICATE for: NY Higher Education Services Corp.		Edward S. Haddad 810 Madison Avenue Albany, NY 12208				
Account No. 5489-5500-5456-1926 Orchard Bank c/o Bank Card Services P.O. Box 17051 Baltimore, MD 21297-1051	J	2000 credit card				880.00
Sheet no. <u>15</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,407.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Orchard Bank		MCM P.O. Box 939019 San Diego, CA 92193-9019				
Account No. 5489-5551-0605-8961 Orchard Bank c/o Bank Card Services P.O. Box 17051 Baltimore, MD 21297-1050	J	1999 credit card				1,096.00
Account No. DUPLICATE for: Orchard Bank		Midland Credit Management P.O. Box 939019 San Diego, CA 92193-9019				
Account No. Oxmoor House P.O. Box 62502 Tampa, FL 33662-5028	J	2002 credit				38.00
Account No. 221694268 Oxmore House P.O. Box 62502 Tampa, FL 33663-5028	J	2002 credit				40.00
Sheet no. <u>16</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,174.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 120-40-9643 Pavillion State Bank Main Street Batavia, NY 14020	J	1998 disputed checks			X	81.00
Account No. DUPLICATE for: Pavillion State Bank		Chex Systems Collection Agency Department C 1550 East 79th Street Minneapolis, MN 55425				
Account No. Progressive Insurance c/o NCO Financial Systems, Inc. P.O. Box 41457 Philadelphia, PA 19101-1457	J	1999 credit				189.00
Account No. 5409-7913-0044-4981 Providian Master Card P.O. Box 9538 Manchester, NH 03108-9538	J	1998 credit card				1,448.00
Account No. DUPLICATE for: Providian Master Card		ASTA Funding c/o Mel S. Harris and Associates, LLC 116 John Street, Suite 1510 New York, NY 10035				
Sheet no. <u>17</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,718.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4031-1413-0023-6110	J		1999 credit card				2,169.00
Providian National Bank P.O. Box 99604 Arlington, TX 76096-9606							
Account No.			Simm Associates, Inc. Springside Office Park Biddle Bldg. Ste 200 Newark, DE 19702				
DUPLICATE for: Providian National Bank							
Account No.			Surpas Resource Corp. 3120 Hayes Road, Suite 200 Houston, TX 77082				
DUPLICATE for: Providian National Bank							
Account No. 5409-7927-0065-0474	J		5409-7927-0065-0474 credit card				870.00
Providian Processing Center P.O. Box 99604 Arlington, TX 76096-9604							
Account No. 9031-1413-0073-6110	J		2000 credit card				2,359.00
Providian Visa Card P.O. Box 9539 Manchester, NH 03108-9539							
Sheet no. 18 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			5,398.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. DUPLICATE for: Providian Visa Card		Mel S. Harris & Associates, LLC 116 John Street, Suite 1510 New York, NY 10038				
Account No. DUPLICATE for: Providian Visa Card		Palasades Collection, LLC c/o Surpes Resource Corporation 3120 Hayes Road, Suite 200 Houston, TX 77082				
Account No. 5189-1310-0342-0317 Providian Visa Card P.O. Box 660022 Dallas, TX 75266-0022	J	1998 credit				1,858.00
Account No. DUPLICATE for: Providian Visa Card		Simm Associates, Inc. Springside Office Park Biddle BLDG, Ste 200 200 Biddle Avenue Newark, DE 19702				
Account No. 4361-4511-0092-9405 Providian Visa Card P.O. Box 9539 Manchester, NH 03108-9539	J	1998 credit card				2,680.00
<div> <div>Sheet no. 19 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div>Subtotal (Total of this page)</div> </div>						4,538.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Providian Visa Card		American Recovery Services 1699 Wall Street, Suite 300 Mount Prospect, IL 60056-5788				
Account No. DUPLICATE for: Providian Visa Card		ASTA Funding Acquisition c/o Mel S. Harris & Associates, LLC 116 John Street, Suite 1510 New York, NY 10035				
Account No. Quest Diagnostics P.O. Box 64272 Baltimore, MD 21264-4272	J	1997 medical				200.00
Account No. DUPLICATE for: Quest Diagnostics		Allegheny Recovery Services, Inc. P.O. Box 544 Carnegie, PA 15106-0544				
Account No. Rochester General Wayne Medical Group P.O. Box 9 Sodus, NY 14551	J	2003 medical				150.00
Sheet no. 20 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 350.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8384890 Rochester Radiology Associates, P.C. ViaHealth Wayne Health Care 2136 Five Mile Line Road Penfield, NY 14526-2211	J	2000 medical				200.00
Account No. 4338 Rochester Rheumatology 500 Helendale Road, Suite 90 Rochester, NY 14609	J	2002 medical				300.00
Account No. Rural Metro Medical Services 481 William Gaiter Parkway Buffalo, NY 14215	J	1999 medical				559.00
Account No. DUPLICATE for: Rural Metro Medical Services		Credit Bureau of Rochester P.O. Box 31131 Rochester, NY 14603-1131				
Account No. Sallie Mae Servicing P.O. Box 9500 Wilkes Barre, PA 18773-9500	J	1997 student loan				10,000.00
Sheet no. <u>21</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 11,059.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1200400964301 Sallie Mae Servicing P.O. Box 9500 Wilkes Barre, PA 18773-9500	J	2000-2002 student loan				1,000.00
Account No. 120-40-9643A Social Security Administration 1500 Woodlawn Drive Baltimore, MD 21241-1500	J	2000 Overpayment				24,000.00
Account No. Strong Health P.O. Box 278998 Rochester, NY 14627-8998	J	2002 medical				150.00
Account No. Strong Memorial Hospital 601 Elmwood Avenue Rochester, NY 14642	J	9/12/03 medical				55.00
Account No. Student Loan Servicing Center One University Plaza Rensselaer, NY 12144-3497	J	1997 student loan				1,500.00
Sheet no. 22 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 26,705.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. SUNY Student Loan Services Student Loan Service Center P.O. Box 660 Albany, NY 12201-0610	J	student loan				1,500.00
Account No. 0758-8856-6520 Taste of Homes Books P.O. Box 5226 Clifton, NJ 07015-5228	J	2003 book			X	24.00
Account No. DUPLICATE for: Taste of Homes Books		Consumer Services Department 3070 Lawson Blvd. Oceanside, NY 11572-9017				
Account No. DUPLICATE for: Taste of Homes Books		Reiman Media Group c/o Allied Interstate P.O. Box 361445 Columbus, OH 43236				
Account No. The Credit Bureau P.O. Box 31131 Rochester, NY 14603	J	2000				1.00
Sheet no. 23 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,525.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	2002 goods				275.00
The Hamilton Collection 9204 Center for the Arts Drive Niles, IL 60714-1300						
Account No.		North Shore Agency, Inc. 751 Summa Avenue Westbury, NY 11590				
DUPLICATE for: The Hamilton Collection						
Account No.		University Fidelity Corp. P.O. Box 941911 Houston, TX 77094-8911				
DUPLICATE for: The Hamilton Collection						
Account No.	J	2000 goods				200.00
The Swiss Colony P.O. Box 8994 Madison, WI 53794-0014						
Account No.	J	1996 medical				1.00
United Memorial Medical Center 127 North Street Batavia, NY 14020-1697						
Sheet no. <u>24</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			476.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. DUPLICATE for: United Memorial Medical Center		J. Kirby Coltery P.O. Box 26 Arcade, NY 14009				
Account No. DUPLICATE for: United Memorial Medical Center		Mercantile Adjustment Bureau P.O. Box 9315A Rochester, NY 14604				
Account No. USA Group Loan Services, Inc. P.O. Box 6176 Indianapolis, IN 46206-6176	J	2000 credit				1,000.00
Account No. 919617-58559131 Verizon P.O. Box 15071 Albany, NY 12212-5071	J	2002 credit				442.00
Account No. DUPLICATE for: Verizon		National Finance Group, Inc. P.O. Box 2146 Rockville, MD 20847-2146				
Sheet no. 25 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,442.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DUPLICATE for: Verizon		OSI Collection Services, Inc. P.O. Box 550720 Jacksonville, FL 32255-0720				
Account No. 5913175 Vetter's Plumbing & Heating Inc. c/o Capital Management Services 726 Exchange Street, Suite 700 Buffalo, NY 14210	J	2003 credit card				156.00
Account No. 955884 ViaHealth of Wayne Newark Campus Driving Park Avenue P.O. Box 111 Newark, NY 14513	J	1999 medical				40.00
Account No. Western Niagara Physician, P.C. P.O. Box 3114 Buffalo, NY 14240	J	1997 medical				137.00
Account No. DUPLICATE for: Western Niagara Physician, P.C.		CBJ Credit Recovery P.O. Box 1132 Jamestown, NY 14702-1132				
Sheet no. 26 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						333.00
Subtotal (Total of this page)						333.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	1997 judgment				1,000.00
William Mattar, P.C. 5684 Main Street Buffalo, NY 14221						
Account No.	J	2001 goods				100.00
Writers Digest c/o Receivable Management Services P.O. Box 3699 Conroe, TX 77305						
Account No. 8357234	J	2001 credit card				200.00
Writers Digest Book Club P.O. Box 9273 Central Islip, NY 11722-9273						
Account No.		Receivable Management Services 715 West Drive P.O. Box 2100 Conroe, TX 77305				
DUPLICATE for: Writers Digest Book Club						
Account No.						
Sheet no. <u>27</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) Total (Report on Summary of Schedules)
						1,300.00
						110,463.00

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Heather M. Drake	GMAC Payment Processing Center P.O. Box 51014 Carol Stream, IL 60125-1014

0 continuation sheets attached to Schedule of Codebtors

Case 1-04-12952-MJK, Doc 1, Filed 04/22/04, Entered 04/22/04 15:16:42,

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP Son	AGE
EMPLOYMENT:		
Occupation	manager	Nurse
Name of Employer	Rite-Aid	Rochester Psych Center
How long employed		
Address of Employer	P.O. Box 3165 Harrisburg, PA 17105	

INCOME: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)

Estimated monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) LTDEmployee Retirement buy in

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm (attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

Social security or other government assistance
(Specify) _____

Pension or retirement income

Other monthly income

(Specify) Live in Disabled son works p/t

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME \$ 4,903.00

DEBTOR	SPOUSE
\$ <u>2,932.00</u>	\$ <u>3,855.00</u>
\$ <u>0.00</u>	\$ <u>500.00</u>
\$ <u>2,932.00</u>	\$ <u>4,355.00</u>
\$ <u>630.00</u>	\$ <u>1,725.00</u>
\$ <u>25.00</u>	\$ <u>65.00</u>
\$ <u>0.00</u>	\$ <u>30.00</u>
\$ <u>10.00</u>	\$ <u>24.00</u>
\$ <u>0.00</u>	\$ <u>75.00</u>
\$ <u>665.00</u>	\$ <u>1,919.00</u>
\$ <u>2,267.00</u>	\$ <u>2,436.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>200.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>2,467.00</u>	\$ <u>2,436.00</u>

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re **James F. Drake,
Kristin A. Drake**

Case No. _____

Debtors

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	879.00
Are real estate taxes included? Yes <u>X</u> No _____		
Is property insurance included? Yes <u>X</u> No _____		
Utilities: Electricity and heating fuel	\$	550.00
Water and sewer	\$	75.00
Telephone	\$	189.00
Other <u>Cable TV and Internet</u>	\$	90.00
Home maintenance (repairs and upkeep)	\$	100.00
Food	\$	550.00
Clothing	\$	65.00
Laundry and dry cleaning	\$	0.00
Medical and dental expenses	\$	250.00
Transportation (not including car payments)	\$	450.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	75.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	20.00
Health	\$	0.00
Auto	\$	755.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto	\$	420.00
Other <u>Rent Way (secured loan on furniture)</u>	\$	100.00
Other _____	\$	0.00
Other _____	\$	0.00
Alimony, maintenance, and support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other <u>Personal Care (100) Gifts (75)</u>	\$	175.00
Other <u>Miscellaneous (100) Disabled son's needs (150)</u>	\$	250.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	4,993.00

[FOR CHAPTER 12 AND 13 DEBTORSONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	N/A
B. Total projected monthly expenses	\$	N/A
C. Excess income (A minus B)	\$	N/A
D. Total amount to be paid into plan each _____	\$	N/A

(interval)

**United States Bankruptcy Court
Western District of New York**

In re **James F. Drake
Kristin A. Drake**

Debtor(s)

Case No. _____
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **41** sheets *[total shown on summary page plus 1]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **April 22, 2004**

Signature **/s/ James F. Drake**
James F. Drake
Debtor

Date **April 22, 2004**

Signature **/s/ Kristin A. Drake**
Kristin A. Drake
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Western District of New York

In re **James F. Drake**
Kristin A. Drake

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
\$34,000.00	Rite-Aid (Husband) 2003
\$48,000.00	State of New York (2003) Wife
\$32,000.00	Rite-Aid (Husband) 2002
\$46,000.00	State of New York (2002) Wife

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$2,000.00	Social Security (stopped in 2/03)

3. Payments to creditors

- None ☐ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
ABN AMBRO Mortgage Group, Inc. 135 South LaSalle Dept. 8600 Chicago, IL 60674-8600	Regular monthly mortgage payments	\$0.00	\$64,400.00

- None ☒ b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
In the Matter of an Appeal of Kristen Drake from a determination of the New York State Higher Education Services Corporation	Student Loan appeal	NYSHESC	Hearing held; judgment allowing garnishment

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
CitiCards P.O. Box 8109 South Hackensack, NJ 07606-8109		\$120.00 per pay period garnishment of Husband's wages

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Offices of Kenneth Hiller 2001 Niagara Falls Boulevard Amherst, NY 14228	12/03	\$1,200.00

10. Other transfers

- None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <u>April 22, 2004</u>	Signature <u>/s/ James F. Drake</u> James F. Drake Debtor
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Date <u>April 22, 2004</u>	Signature <u>/s/ Kristin A. Drake</u> Kristin A. Drake Joint Debtor
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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Western District of New York

In re **James F. Drake**
Kristin A. Drake

Debtor(s)

Case No. _____
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:

a. Property to Be Surrendered.

Description of Property
-NONE-

Creditor's name

b. Property to Be Retained

[Check any applicable statement.]

	Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1.	1112 Market Street Attica, New York 14011	ABN AMBRO Mortgage Group, Inc.	Debtor will retain collateral and continue to make regular payments.		
2.	2003 Chevy Tracker	GMAC	Debtor will retain collateral and continue to make regular payments.		
3.	Household goods	Rent Way	Debtor will retain collateral and continue to make regular payments.		

Date **April 22, 2004**

Signature /s/ James F. Drake
James F. Drake
Debtor

Date **April 22, 2004**

Signature /s/ Kristin A. Drake
Kristin A. Drake
Joint Debtor

**United States Bankruptcy Court
Western District of New York**

In re **James F. Drake
Kristin A. Drake**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,200.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,200.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ 209.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, motions to dismiss, amendments or modifications, any other adversary proceeding, or other matters specified in fee agreement between debtor and attorney.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: April 22, 2004

/s/ Kenneth R. Hiller

**Kenneth R. Hiller
Law Offices of Kenneth Hiller
2001 Niagara Falls Boulevard
Amherst, NY 14228
716-564-3288 Fax: 716-564-3291
kennethhiller@adelphia.net**

**United States Bankruptcy Court
Western District of New York**

In re **James F. Drake
Kristin A. Drake**

Debtor(s)

Case No. _____
Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **April 22, 2004**

/s/ James F. Drake

James F. Drake

Signature of Debtor

Date: **April 22, 2004**

/s/ Kristin A. Drake

Kristin A. Drake

Signature of Debtor

7th Avenue
P.O. Box 2804
Monroe, WI 53566-8004

ABN AMBRO Mortgage Group, Inc.
135 South LaSalle
Dept. 8600
Chicago, IL 60674-8600

Accounts Receivable Management
P.O. Box 129
Thorofare, NJ 08086-0129

Accounts Recievable Management
P.O. Box 129
Thorofare, NJ 08086-0129

ACS
P.O. Box 78268
Phoenix, AZ 85062-8208

Action Card
P.O. Box 5052
Sioux Falls, SD 57117-5052

AFSA Data Corp.
P.O. Box 7051
Utica, NY 13504-7051

Allegheny Recovery Services, Inc.
P.O. Box 544
Carnegie, PA 15106-0544

Allied Interstate
3070 Lawson Boulevard
Oceanside, NY 11572-9017

American Recovery Services
1699 Wall Street, Suite 300
Mount Prospect, IL 60056-5788

Arizona Mail Order Co. Inc.
P.O. Box 221
Waite Park, MN 56387-0221

Arrow Financial Services, LLC
5996 West Touley Avenue
Niles, IL 60714-4610

Aspen Publishers
7201 McKinney Circle
Frederick, MD 21704

ASTA Funding
c/o Mel S. Harris and Associates, LLC
116 John Street, Suite 1510
New York, NY 10035

ASTA Funding Acquisition
c/o Mel S. Harris & Associates, LLC
116 John Street, Suite 1510
New York, NY 10035

AT&T
P.O. Box 944073
Maitland, FL 32794-4073

Bally's Total Fitness
12440 Imperial Hwy, Ste 300
Norwalk, CA 90650-8309

Batavia Neurological Services
203 Summit Street
Batavia, NY 14020

Better Homes and Gardens
P.O. Box 10670
Des Moines, IA 50336-0670

BMG Music
c/o Allied Interstate
P.O. Box 480
New Hyde Park, NY 11040

Capital One Bank
P.O. Box 85147
Richmond, VA 23276

CBCS 70
821 PreEmption Rd. Bldg 100
Geneva, NY 14456-2863

CBJ Credit Recovery
P.O. Box 1132
Jamestown, NY 14702-1132

Chex Systems Collection Agency
Department C
1550 East 79th Street
Minneapolis, MN 55425

CitiCards
P.O. Box 8109
South Hackensack, NJ 07606-8109

CitiCorp Credit Services, Inc.
c/o LTD Financial Services, L.P.
7322 Southwest Freeway, Suite 1600
Houston, TX 77074

Client Services, Inc.
3451 Harry S. Truman Blvd.
Saint Charles, MO 63301

Columbia House
c/o Customer Services Center
1400 North Fruitridge Ave.
P.O. Box 1114
Terre Haute, IN 47811-1114

Compucredit, Inc.
c/o VanRu Credit Corp
8550 Ulmerton Road, Suite 225
Largo, FL 33771-5351

Consumer Services Department
3070 Lawson Blvd.
Oceanside, NY 11572-9017

Crafter' Choice
c/o Customer Service Department
P.O. Box 6400
Camp Hill, PA 17012-6400

Crafter's Choice
c/o North Shore Agency
751 Summit Avenue
Westbury, NY 11590

Crafter's Choice
C/O Allied Interstate
P.O. Box 361445
Columbus, OH 43236

Credit Bureau of Rochester
P.O. Box 31131
Rochester, NY 14603-1131

Credit Card Service
P.O. Box 5877
Hicksville, NY 11802-5877

Credit Card Services
P.O. Box 23356
Pittsburgh, PA 15222-9825

Direct Loan
William D. Ford Federal Direct Loan
U.S. Department of Education
P.O. Box 530280
Atlanta, GA 30353-0260

Direct Merchant's Bank
Payment Center
P.O. Box 17036
Baltimore, MD 21297-0448

Dr. Mark W. Nickels
c/o Strong Health
P.O. Box 278998
Rochester, NY 14627-8998

Edward S. Haddad
810 Madison Avenue
Albany, NY 12208

Emerge Mastercard
P.O. Box 105667
Atlanta, GA 30348-5667

Emerge Mastercard
P.O. Box 23034
Columbus, GA 31902-3034

FDR Medical Services, P.C.
P.O. Box 808
Grand Rapids, MI 49518-0808

Figis, Inc.
P.O. Box 8090
Marshfield, WI 54449-8090

First National Bank of Marin
P.O. Box 80015
Los Angeles, CA 90080-0015

First Premier Bank
P.O. Box 5147
Sioux Falls, SD 57117-5147

FNBM
585 Piolt Road
Las Vegas, NV 89119

Gateway Credit Card Plan
P.O. Box 9025
Des Moines, IA 50368-9025

GE Consumer Finance
JcPenny's Card
P.O. Box 32000
Orlando, FL 32890-3200

Genesee Radiology
P.O. Box 8000, Dept. 799
Buffalo, NY 14267

Ginny's
P.O. Box 2825
Monroe, WI 53566-8025

GMAC
Payment Processing Center
P.O. Box 51014
Carol Stream, IL 60125-1014

Gxmoor House
P.O. Box 62502
Tampa, FL 33662-5028

Highland Hospital
1000 South Avenue
Rochester, NY 14620

Household Bank
Dept. 7680
Carol Stream, IL 60116-7688

Household Bank
Dept. 7680
Carol Stream, IL 60116-7680

Ide Imaging
P.O. Box 1279
Buffalo, NY 14240

Internal Revenue Service
Department of the Treasury
Andover, MA 05501

J. Kirby Collery
P.O. Box 26
Arcade, NY 14009

JcPenny
P.O. Box 981131
El Paso, TX 79998

KMart
Retail Services
P.O. Box 17298
Baltimore, MD 21297-1298

Law Office of Mitchell N. Kay
7 Penn Plaza
New York, NY 10001-3995

Law Office of Mitchell N. Kay
P.O. Box 9006
Smithtown, NY 11787-9006

LTD Financial Services
7322 Southwest Freeway, Suite 1600
Houston, TX 77074

MCM
P.O. Box 939019
San Diego, CA 92193-9019

Mel S. Harris & Associates, LLC
116 John Street, Suite 1510
New York, NY 10038

Mercantile Adjustment Bureau
P.O. Box 9315A
Rochester, NY 14604

Metris
c/o Upton Cohen & Slamowitz
199 Crossways Park Drive
Woodbury, NY 11797-2016

Midland Credit Management
P.O. Box 939019
San Diego, CA 92193-9019

Midnight Velvet
P.O. Box 2821
Monroe, WI 53566-8021

Monroe Ambulance
c/o CRCS
PreEmption Road Bldg 100
Geneva, NY 14456-2061

MRS Associates, Inc.
6530 W. Campus Oval
New Albany, OH 43504

MRS Associates, Inc.
6530 West Campus Oval
Berkey, OH 43504

NAFS
3587 Parkway Lane
Norcross, GA 30892-2827

National Asset Recovery Service, Inc.
P.O. Box 701
Chesterfield, MO 63006-0701

National Credit Adjusters
327 W 4th Street
P.O. Box 3023
Hutchinson, KS 67504-0550

National Credit Audit Corp.
8600 N. Industrial Road
Peoria, IL 61615

National Finance Group, Inc.
P.O. Box 2146
Rockville, MD 20847-2146

National Fuel
10 Lafayette Square
Buffalo, NY 14203

NCO Financial Systems, Inc.
P.O. Box 41417
Dept 99
Philadelphia, PA 19101

NCO Financial Systems, Inc.
P.O. Box 41567
Philadelphia, PA 19101

Niagara Mohawk
300 Erie Boulevard West
Syracuse, NY 13252

Nicholas H. Noyes Memorial Hospital
111 Clara Burton Street
Dansville, NY 14437

North American Energy, Inc.
20 West Third Street, Suite 10
P.O. Box 400
Jamestown, NY 14702

North Shore Agency, Inc.
751 Summa Avenue
Westbury, NY 11590

Northland Group, Inc.
P.O. Box 390846
Minneapolis, MN 55439

NY Higher Education Services Corp.
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Albany, NY 12255

Orchard Bank
c/o Bank Card Services
P.O. Box 17051
Baltimore, MD 21297-1051

Orchard Bank
c/o Bank Card Services
P.O. Box 17051
Baltimore, MD 21297-1050

OSI Collection Services, Inc.
P.O. Box 550720
Jacksonville, FL 32255-0720

Oxmoor House
P.O. Box 62502
Tampa, FL 33662-5028

Oxmore House
P.O. Box 62502
Tampa, FL 33663-5028

Palasades Collection, LLC
c/o Surpes Resource Corporation
3120 Hayes Road, Suite 200
Houston, TX 77082

Pavillion State Bank
Main Street
Batavia, NY 14020

Pioneer Credit Recovery, Inc.
26 Edward Street, Box 279
Arcade, NY 14009-0279

Progressive Insurance
c/o NCO Financial Systems, Inc.
P.O. Box 41457
Philadelphia, PA 19101-1457

Providian Master Card
P.O. Box 9538
Manchester, NH 03108-9538

Providian National Bank
P.O. Box 99604
Arlington, TX 76096-9606

Providian Processing Center
P.O. Box 99604
Arlington, TX 76096-9604

Providian Visa Card
P.O. Box 9539
Manchester, NH 03108-9539

Providian Visa Card
P.O. Box 660022
Dallas, TX 75266-0022

Quest Diagnostics
P.O. Box 64272
Baltimore, MD 21264-4272

Receivable Management Services
715 West Drive
P.O. Box 2100
Conroe, TX 77305

Reiman Media Group
c/o Allied Interstate
P.O. Box 361445
Columbus, OH 43236

Rent Way
959 Broadway
Buffalo, NY 14212

Rochester General Wayne Medical Group
P.O. Box 9
Sodus, NY 14551

Rochester Radiology Associates, P.C.
ViaHealth Wayne Health Care
2136 Five Mile Line Road
Penfield, NY 14526-2211

Rochester Rheumatology
500 Helendale Road, Suite 90
Rochester, NY 14609

Rural Metro Medical Services
481 William Gaiter Parkway
Buffalo, NY 14215

Sallie Mae Servicing
P.O. Box 9500
Wilkes Barre, PA 18773-9500

Sherman Acquisitions, LP
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Niagara Falls, NY 14304

Simm Associates, Inc.
Springside Office Park
Biddle BLDG, Ste 200
200 Biddle Avenue
Newark, DE 19702

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Springside Office Park
Biddle Bldg. Ste 200
Newark, DE 19702

Social Security Administration
1500 Woodlawn Drive
Baltimore, MD 21241-1500

Strong Health
P.O. Box 278998
Rochester, NY 14627-8998

Strong Memorial Hospital
601 Elmwood Avenue
Rochester, NY 14642

Student Loan Servicing Center
One University Plaza
Rensselaer, NY 12144-3497

SUNY Student Loan Services
Student Loan Service Center
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Albany, NY 12201-0610

Surpas Resource Corp.
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Houston, TX 77082

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Clifton, NJ 07015-5228

The Credit Bureau
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Rochester, NY 14603

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The Swiss Colony
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Madison, WI 53794-0014

United Memorial Medical Center
127 North Street
Batavia, NY 14020-1697

United Recovery Systems, Inc.
3100 S. Gessmer, Suite 400
Houston, TX 77063

United Recovery Systems, Inc.
3100 Gessmer, Suite 400
Houston, TX 77060

University Fidelity Corp.
P.O. Box 941911
Houston, TX 77094-8911

USA Group Loan Services, Inc.
P.O. Box 6176
Indianapolis, IN 46206-6176

VanRu Credit Corp.
Payment Processing Center
P.O. Box 618
Chicago, IL 60688-0618

Verizon
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Albany, NY 12212-5071

Vetter's Plumbing & Heating Inc.
c/o Capital Management Services
726 Exchange Street, Suite 700
Buffalo, NY 14210

ViaHealth of Wayne
Newark Campus
Driving Park Avenue
P.O. Box 111
Newark, NY 14513

Western Niagara Physician, P.C.
P.O. Box 3114
Buffalo, NY 14240

William Mattar, P.C.
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Buffalo, NY 14221

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